

"Independent Self" and "Interdependent Self " reflections on the reference to the body perspective in psychotherapy and psychosomatics in China

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Highlights

Experiencing oneself between “independent Self” and “interdependent Self” needs good and deep enough body-self-experience. Then knowing and knowledge is sensed knowing. The different constructions of self are contingent upon society and culture. It is important to give particular consideration to this aspect in the transfer of western psychotherapy to China.



Abstract

The introduction of western psychotherapy methods to China is an enormous transcultural challenge. It touches the different concepts of "independent self" and "interdependent self" in China. The different constructions of self are contingent upon society and culture. It is important to give particular consideration to this aspect in the transfer of western (body) psychotherapy to China. In this article, the author describes general and concrete examples of his own experiences in China.

Keywords: Independent self, Interdependent self, Body psychotherapy, Transcultural context-self, Object-self

Abbreviations:

DCAP, German-Chinese Academy for Psychotherapy.

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Imagine asking your client to remember and tell you about his childhood. It seems to be a common practice, one might think, in a psychotherapeutic practice (in the West).

Imagine again that your client brings his mother with him next time and introduces her to you with the words that she knows best what his childhood was like ... and then the three of you talk about it.

This example has happened in a psychoanalytic practice in China. The Chinese colleague, who shared this experience, had successfully completed a psychoanalytic training course at the German-Chinese Academy for Psychotherapy (DCAP). So, one might ask, he should have known that, "something like this is not possible" in a psychoanalytical practice. If such client behavior could have been expected in the socio-cultural conditions in China, the Chinese psychotherapist should have had to inform his client early enough, either implicitly or explicitly, that he would be interested in the client's report and not in the mother's visit?

East meets West: A mutual learning process

Psychotherapy is not just psychotherapy. This was also the topic of the East-West-Dialogue, which brought together DCAP colleagues from China and Germany in Heidelberg in May 2011. While DCAP has been introducing Western psychotherapy methods in China for more than 35 years and offers appropriate training and supervision, more and more Chinese colleagues are taking advantage of the opportunity to have culturally "new" psychotherapeutic experiences in Germany.

The globalization of psychotherapy, at the Heidelberg Congress designed as a dialogue between East and West, requires a differentiated, sensitive, reciprocal but also radical cultural transfer in the psychotherapeutic field in China. This refers to the underlying images of man, the theory models, but also the therapy techniques and practice. Likewise, the social and cultural conditions as well as the historical development/meaning must be included. Globalization of psychotherapy as an intercultural exchange about psychotherapy (in this case Germany-to-China) serves precisely in this way. This is also a necessity for the modernization of psychotherapy in the West, learning from China.

Such a process has the scientific-theoretical charm of using different paradigms (from the East and the West) in the interaction of conceptual and praxeological development. The relevance of the body in psychotherapy and psychosomatics therefore faces a special challenge.

While the West, as was explained in detail in Heidelberg, often relies on the "law of identity", for

example, that $A=B$, $B=C$, i.e. $A=C$, China, for example, relies more on the logic of correlation: A contains B, but is not B. Yin is not conceivable without Yang [1]. Psychotherapy in both hemispheres, the West and the East, faces a challenge that should not be underestimated. How can a psychotherapist refer to these two logic models and the resulting psychotherapeutic structures, dynamics and practices without amalgamation or polarization or competition?

Individual versus family

A basic cultural difference, for example, is the importance of family, social relations and (self-) obligation in China, which has emerged on the background of the millennia-old tradition of Confucianism, in contrast to the individualization in the West, which is due to the capitalist development of society.

Psychotherapeutic models developed in the West are based on the principles of the individual, autonomy, self-realization, self-reflection, etc. Individuation, however is unknown in China, a "foreign word" or a strange psychological concept [2]. Either there is no corresponding terminology, or, when it comes to translation, this translation often illuminates individuation in a negative, derogatory light. Against the background of the tradition mentioned above, this is not surprising on the one hand, but on the other hand it is also an obstacle for the import of psychotherapy from the West. An obstacle to which one must react carefully, sensitively and openly. Open means: open to theoretical discourse, open to integration of methods, multi paradigmatic orientation and open to the cultural conditioning of psychotherapy. And of course open for a transcultural discourse.

By culture, I mean the specific, historically developed characteristics of Western and Chinese society and ways of thinking. These cultural specifics manifest themselves in the social (framework) the conditions as well as in the way in which people live together, in the individual appropriation and internalization of these cultural specifics. Here is an example:

In the context of a systemic upgrade training course to prepare for family and couple counseling, a role play was suggested to experience possible conflict situations by playing.

Although the Chinese colleagues had consciously chosen the systemic training and were familiar with the didactic instrument of the role play, they directly and emphatically refused to participate in the role play. For us as German colleagues this was surprising and completely incomprehensible, until finally after an intensive discourse the cultural background for this refusal became visible.

After all, if a Chinese couple has problems, they will usually not address them in public. If one of the two

partners would do it nevertheless, this would mean that they would be "ready" to separate. The fact that there are problems would already be the first step towards separation. But how can you solve problems without addressing them?

If one knows about this cultural peculiarity, participation in the role play would have put the Chinese colleagues in a paradoxical situation: they would have been implicitly asked to separate with the intention of helping to solve the problem, in order to stay together and live a better life.

What was true in the past is still true today

While in the West there is a tradition of changing, shifting cultures, which also varies regionally in Europe, it is quite different in China. There many traditional elements still have an impact on today's life, the culture and society. Two important roots in China are on the one hand the reference to the first Chinese emperor Qin Shi Huang (259-210 BC). He united the seven empires and created a society which was characterized by unity, structures and so on. Still nowadays there is a deep social and cultural commitment to this. This kind of commitment is internalized by people in China. Another root is the strong orientation towards the idea that everything must be subordinate to the collective. This refers to the Confucian doctrine (Bauer 2009). The main values of these roots were true in the past and are still true nowadays.

If one also understands the different therapy methods (and/or schools) as therapeutic cultures, one is well advised to include the culture-specific characteristics of each therapy school in the interdisciplinary dialogue and integration. Here is an example from clinical practice in China.

A well-known syndrome is the structural and functional limitation of movement with pain in the shoulder of women, often from the age of 45 to 50. Medical treatment is often simple if there is no particular medical finding. The indications then include physiotherapy, sports, TCM, acupuncture, Tai Chi, and less frequently psychosomatic treatment, since the main aim is to regain greater mobility and reduce pain. Basically, however, it is also about taking care of these women at all.

Working with the shoulder problems of Chinese women can only be successful if the medical, physical as well as the emotional-cultural indication is taken into account. This is an important challenge, but also an opportunity to transfer Western psychotherapeutic concepts into Chinese culture.

If one illuminates this picture of symptoms in the light of China's cultural characteristics, a far more differentiated picture emerges, which logically also has emphatic consequences for a differentiated

indication. Seen in this light, the shoulder problems of women in this age group include the following:

- *It is a well-known and widespread complaint (medical dimension).*
- *It is mainly diagnosed in women between 45 and 50 years of age (gender dimension).*
- *When (especially women) are "suddenly" approached and are socially in a hierarchical relationship (like with a superior or customer), they very often spontaneously, almost automatically, assume a posture typical of the culture (slightly bent, shoulders clearly pressed forward, looking down and a quieter, more withdrawn voice (social dimension).*
- *Up until the 1930s, women and girls were still forced by culture to adopt such postures if they behaved too individually (historical dimension).*

Family as "psychological oxygen"

China itself is facing a radical change due to industrialization and urbanization, as the model of family relationship can no longer be lived in the sense of tradition, especially in the big cities [3]. This is where isolation occurs, communities are no longer large families, but rather one-child small families, and in the course of this development, very typical psychosocial abnormalities and illnesses that are unusual for China (high suicide rate, anxiety and obsessive-compulsive disorders, addiction, etc.) were developed. Western psychotherapy can, as it was also emphasized in Heidelberg, be understood in this sense as integration aid in the globalization process. Integration here means to work psychotherapeutically and individually with the person in order to take into account the social and cultural conditions. It means learning from the West how to deal with the possible consequences of industrialization and urbanization. But integration also means taking part in common life in a culturally and personally responsible way, as people are familiar with in China.

If up to now the family could be understood as a social, cultural, psychological and economic resource [4], it can be assumed that in the long run there will be a dilemma in China regarding the Confucian tradition. The family as "psychological oxygen" serves to repeatedly confirm identity. There are few secrets in the family. Mothers who are involved in therapy quote, for example, from the diaries of their boys [5]. Often they even sleep in the same room or in the same bed. Therefore adolescence in China, but also among Chinese who are in Germany, is therefore accompanied by a longer period of family dependency. This can lead to considerable difficulties with regard to the setting of psychotherapy (according to the Western view), but also the lived practice of psychotherapy. Hague reports, for example, that the exclusivity of the therapeutic relationship is often already experienced as turning away from the family. Thus, parents support

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little (often they even hinder) the therapeutic goal and processes of independence, personal responsibility and self-reflection in their children. Again and again, the family intervenes in the therapy setting as a social control and important corrective in so far as relevant persons from the family are factually present in the therapy relationship or emphatically comment on the psychotherapy (in everyday life) or even try to control it.

While in the West therapeutic goals such as introspection (therapeutic ego-split), self-experience, self-knowledge, insight, etc. are essential elements of the therapeutic process, such a therapeutic attitude faces skepticism in China.

On the first day of a five-day workshop on body language and non-verbal communication, I noticed one participant who was continuously gesturing while I introduced the topic. Being aware of him more closely I noticed that he was imitating my gestures, facial expressions and movement. When I asked him about it, he emphasized that it was precisely through this that he could learn by trying to imitate me correctly. On the one hand, this kind of "mirroring", this learning by imitation, actually has a certain learning effect. On the other hand I was astonished by his question why I make one or the other gesture and what the individual gesture would mean. He seemed to me as if he was busy learning nonverbal vocabulary and not by body-self-experiencing. He nodded friendly, pointing out that in the next few days I would go into more detail about the meaning of facial expressions and gestures. But he did not come back the next day.

This is not an isolated case, but shows the level of experience and learning which often can be seen in China. One wants to do things. One wants to act. One imitates and learns by doing. And it has to happen here and now and quickly.

Such a learning behavior seems rather strange to many western colleagues. Zhao Xudong [2] sums it up with the following words: "Chinese psychology is a descriptive and explanatory psychology, but not an understanding psychology". The example also shows how little the Chinese are familiar with learning self-awareness, self-recognition and insight through introspection.

“Context-Self” and “Object-Self”

From the perspective of self-construction [6] one can speak of a context-self in China and an object-self in the West. In a nutshell, one can speak of an "independent self" in the West and an "interdependent self" in China [5]. In China, life and one's own personal development are always understood, experienced and shaped with reference to the context.

Ruth Benedict [7] also refers to Chinese culture as the culture of shame. All people "under heaven" are one family [4]. This means that one thinks, feels and acts as a rule always with reference to the others. One sees and experiences oneself and life through the eyes/glasses of the other person. If shame in China is often compared with loss of face, shame behavior can be understood as an expression of active efforts to avoid embarrassment by being too obvious to others. In order to remain true to this principle, one holds oneself back or even hides his feelings, his very personal ideas and his different opinion. Shame is, referring to psychoanalytic concepts, the feeling "I am not ok as I am" or "I am ok, when I think that you may think that I am ok".

Imagine the moment when a Chinese faces a Western concept of self-reflection or self-trust as the colleagues in the West understands this. Imagine that this is a therapy goal to achieve. I often experience Chinese clients, also colleagues, in an emotional dilemma then. How can I as a Chinese integrate the western defined value of self-confidence when I was brought up in a culture where I had learned shame as a controlling part of my life? There we follow the concept of self-confidence as being a member of a specific group.

There are countless examples of this in everyday life. For example, if you look at the way Chinese people enter a subway during rush hour, you can often see that people don't look at each other and, despite crowds (and this seems to be the rule), get on the train without collisions (of course it can be very different in rush hours). It is remarkable how these many people actually manage to get on the train without looking at each other and without unpleasant body contact. It seems as if they see without looking, without looking at anyone, to get from A to B. This, one might suppose, corresponds to an implicit ability to move in a very confined space, to find one's place and at the same time to practice the greatest possible consideration for other people. In response to my question, it was confirmed several times that one naturally tries to hold back one's own interests as much as possible in order not to put other people who might stand in one's way into distress. Of course you also want to get on the subway yourself. American studies have shown that Chinese people can perceive more and more differentiated visually despite less direct eye contact.

The following happened during a workshop. One participant volunteered for a very short demonstration on a topic that was relevant to the group. I briefly explained the procedure to her. She was asked to close her eyes for a moment to be able to perceive her body sensations in a better way. She was not supposed to move. I stood two meters next to her and confirmed that I would stay there and not touch her. I then clapped my hands briefly once, whereupon she reacted

spontaneously physically by opening her eyes, raising her shoulders for a glimpse of a moment, and a brief twitch in her body became visible.

Then, with the help of the translator, I asked her to describe the body phenomena, which she had experienced. She was able to describe in great detail what was happening in the body, appearing calm and very alert. Finally, she wanted to describe something that she had noticed in the lower abdomen and pelvis. She was looking for words, and I noticed her insecurity to find the right words. Addressed to the translator, who incidentally spoke perfect English, the translator suddenly also had difficulties finding the right words.

There was a visibly increased tense attention in the group, so that I got the impression that the group was already beginning to feel what this shared word finding difficulty might be. Finally, I asked if it could have something to do with the fact that it was the abdominal and pelvic area, a more intimate area and place of possible sexual feelings. The group was visibly relieved at my remark. I noticed that most of them visibly moved back and forth in their chairs and expressed a feeling of relief, which I suspected, through facial expressions and gestures. The participant and translator spontaneously agreed with my reflections, whereupon I briefly discussed the importance of the shame effect in the situation at that time as well as in Chinese culture, always combined with concrete examples from my own experience in China. Of course I also felt the responsibility to share that feeling of shame about one's own sexuality in China could be experienced as "I am not ok as I am" or "I as a sexual human are not ok as I am".

The aim of this little exercise was to briefly show the importance of physically perceptible impulses or to make it possible to experience that such an effect cannot be avoided in the body. When I asked the participant if she wanted to add or ask something else, she said no. To my great surprise, she suddenly left the room and never came back. Of course I was astonished and felt somehow sad for her and helpless. Sad because I realized how powerful the cultural impact is on a woman's sexual feeling and sexual identity. And I also felt shame because I feared having done something wrong which had hurt her. For both of us it was a transcultural dilemma. You can be sure that I have learned a lot in this moment.

What could be concluded regarding transcultural communication in such a situation? In the West, psychotherapeutic work is familiar with the interaction between emotion, personality and behavior. The reality of the surrounding context and personal life of the client is taken into account. In China, a cultural dynamic is always induced and virulent. To work individually "on the person", therefore, always must at least implicitly include the relevance of cultural induction. The one does not seem to go without the

other. And what looks "personal" can often be (also) "cultural". In the concrete individual case, and here lies a particular difficulty for (body) psychotherapy, the meaningful and action-relevant distinction between "personal" and "cultural" is decisive. Of course it also works the other around: when it is cultural it is always also personal. This is a deep impact on a transcultural approach in psychotherapy and psychosomatics. So one could say: there is a personal body by feeling and sensing, a group (related) body and a cultural shaped body.

How is the "radical step" of the Chinese participant mentioned in the example to be interpreted or dealt with? In a therapeutic setting one would face the challenge of interpreting this reaction as an acting expression, as a consequence of the shame effect or as an expression of culturally "appropriate" shyness. Therefore people in China are paying more attention to implicit messages, to indirect communication, instead of target-oriented, as it is familiar in the West, "getting straight to the point" [1]. The nonconformist behavior frequently encountered in the West, which results, among other things, from the importance of individuality and self-centeredness, is experienced in China as damaging to the community. Feeling shame and unconsciously avoiding non-conformist behavior so that the other person does not feel embarrassed can then also be understood in terms of Daoism [8]:

- act through non-action
- see by not seeing
- find your place in the community through physical withdrawal and thus realize oneself
- or "harmony" by expecting from the other the same as one is trying to live by oneself.

Is body psychotherapy possible in China?

In my opinion, there are two culture-specific aspects which could indicate the necessity for a body-psychotherapeutic approach in China. Chinese colleagues are strongly interested in explaining and understanding people and their relationships using methods, based on depth psychology and psychoanalysis. In addition, Chinese want to obtain fast, directly and concretely visible results / effects, for which behavioral therapeutic and family therapeutic methods are suitable.

Body psychotherapy integrates these two perspectives somehow. The direct work on and with the body consciously enables perceptible and experiencable effects. This can happen either by adopting certain postures, by expressing certain movements, by influencing breathing, by touch or by mobilizing and discharge of energy. An integrated understanding of the therapy process can develop the better the (physically) experienced and the (emotional) biographical memory scenes can be integrated as different sides of the same coin. Of course at the same

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time there must be enough implicit reference to the therapeutic relationship as a space of transference.

In order to take the transcultural perspective sufficiently into account, it seems appropriate to me to pay special attention to the process in the group and the (non-) verbally developing issues there. After all, these provide a frame of reference in which individual work can be identified and treated as such. In addition to his body psychotherapeutic competence, the therapist should also have a (trans-) cultural competence, by which he can enable, assess and use the development of the topics in question. He also includes himself with his experiences regarding Chinese society and culture. This then can be done implicitly, for example, through humor, acting together in the group, by bringing in one's own experiences in China, by offering role models, reference to corresponding examples from Western culture, etc. Three typical patterns of behavior to be observed during bodywork in a Chinese group are the following.

I think of one of my workshops in China. I explain clearly how I work and what the group or every single person in the group can do. So the rules of communication and working together are very clear from the beginning on. For example one rule is to share in the group after the exercise. And yet, when an exercise is offered in pairs or threes, after a short initial hesitation, one immediately begins to do the exercise with great commitment by acting, reacting and / or talking. This reminds me of the spontaneous and highly engaged play with children. This kind of behavior seems to me to be typical of the culture, since Chinese people like to start when "the starting signal has been given". They seem to be highly committed to this and impulsively acting. They experiment with themselves. They use a variety of approaches and are often able to share their body perceptions and what has happened in the respective scene in a very differentiated way. If such a personal or intimate experience of an exercise is to be shared (afterwards in the large group), it often leads to completely different behavior. The group is quiet. No one answers. One looks shyly at others in the group. Finally, everyone looks expectantly at the group leader (in this case me). And if one does speak, it is often in a low voice, while the others in the group obviously react non-verbally. These situational moments of movement can be interpreted as a non-verbal expression of the respective unconscious group issue or as cultural co-movement.

I am also familiar with this behavior pattern from the socio-cultural context (outside of therapy and workshop). The more private, the more intimate a scene, an encounter is, the more expressive the personal-emotional behavior is. Conversely, the more public a scene or encounter is, the more withdrawn and shy the behavior is. The extremes predominate. There seem to be less differentiated, visible transitions between these two types of behavior than is the case in

Europe. To emphasize it: it seems that there is more or less emotional "black or white" and not so much grey in between.

Even though a group knows each other well and I expected a trusting atmosphere, I often observed the difficulty of lying down on the floor during bodywork, especially when laying down the head on the ground and closing the eyes. Many of the group lift their head or keep the eyes open even if I invited them to close them. It seems to me not to be the expression of a single person only but also an unconscious emotional group issue. People are not so familiar with giving up (self-) control and letting go emotionally. People then seem to be unexperienced to open up for the inner space of emotional experience and imagination by lying on the floor with closed eyes. It seems that people fear to give in to their inner emotional world which they are not used to. And which is culturally seen not expected or often even "culturally forbidden".

Conclusion

To work in another culture, in this case in China, the body approach in psychotherapy and psychosomatics requires sufficient knowledge of culture and society on the one hand, and on the other hand experiential knowledge with people in China. This I call sensed knowing, based on body-self-experience. This includes:

- the (active) consideration of psychosocial induction in the group process
- Sharing and feedback of one's own, personal experience in China as well as the reference to cultural, social correspondences in Germany
- the concrete, practical, direct work with the body and subsequent sharing or discussion of the individual and collective experience
- the awareness that the approach will definitely not work as I am used to in my practice in the West, in Germany
- the realization that reference to the concrete everyday life of people is very important to the extent that this improves transcultural understanding. Transcultural understanding and communication is a learning process of both: the Chinese and the German or Westener.

Experiencing oneself between "independent Self" and "interdependent Self" needs good and deep enough body-self-experience. Then knowing and knowledge is sensed knowing. Looking back on my own practical experience working in China I am convinced that this will work and be an important contribution to transcultural communication.

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